

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		8/13/01
O.I.P.E. CLASSIFIER		21	8/13/01
FORMALITY REVIEW	TH	955	08-17-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓		
2	0		
3	0		
4	0		
5	0		
6	0		
7	0		
8	0		
9	0		
10	0		
11	0		
12	0		
13	✓		
14	✓		
15	0		
16	0		
17	✓		
18	✓		
19	0		
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26	0		
27	0		
28	0		
29	0		
30	0		
31	✓		
32	✓		
33	0		
34	0		
35	0		
36	0		
37	✓		
38	✓		
39	✓		
40	✓		
41	✓		
42	✓		
43	✓		
44	✓		
45	✓		
46	✓		
47	✓		
48	0		
49	✓		
50	✓		

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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10/24/00  
 10201